

Which Breast Pump Is Best For You?

Name: _____
Baby's Name: _____
Today's Date: _____

WIC ID# _____
Baby's Birthdate: _____

Check the reason or reasons that you are requesting a breast pump:

- ☐ I want to pump breastmilk for an occasional missed feeding
- ☐ I am returning to work or school
- When will you be returning to work or school? _____
- How many days per week? _____
- How many hours per day? _____
- Do you have access to an electrical outlet? YES NO
- Do you have access to a private area to express breastmilk? YES NO
- ☐ I have flat or inverted nipples
- ☐ I am engorged
- ☐ I have sore nipples
- ☐ My baby is having difficulty latching on to my breast
- ☐ I don't have enough milk
- ☐ I have a breast infection
- ☐ I am taking a medication and my doctor told me not to breastfeed
- ☐ My baby was born prematurely or is hospitalized
- ☐ Other _____

How long do you plan to breastfeed your baby or provide breastmilk for your baby? _____

Do you have a breast pump or breast pump kit? YES NO

Do you receive Medicaid/Healthy Start/BadgerCare? YES NO

If yes, have you gotten a breast pump that Medicaid paid for? YES NO

Can you express breastmilk using hand or manual expression? YES NO

Office Use Only

Staff completing assessment: _____

Breast pump not issued due to _____

Type of breast pump issued? _____

Type of accessory kit issued? _____

Other equipment issued? _____

Additional information: _____

How old was baby when breastfeeding stopped? _____

Reason breastfeeding stopped? _____